

Case Number:	CM14-0001117		
Date Assigned:	01/22/2014	Date of Injury:	02/07/2013
Decision Date:	06/19/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/03/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 44-year-old female who reported an injury on 02/07/2013. The mechanism of injury was unclear in the clinical documentation provided. The clinical note provided dated 11/19/2013 reported the injured worker complained of pain. The injured worker noted limitations to his activities of daily living. On the physical exam, the provider noted the injured worker to have limited ability for activities of daily living. The provider also noted the injured worker to have a 1 day trial of H-wave. The injured worker noted on the 1 day trial of the H-wave the pain level dropped from 7 to a 5 for 29% improvement. The injured worker reported to have less pain and was able to move better. The provider requested for the purchase of a home H-wave device, the request for authorization was not provided in the clinical documentation submitted.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

PURCHASE OF HOME H-WAVE DEVICE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulations (HWT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines H-wave stimulations (HWT) Page(s): 117-118.

Decision rationale: The injured worker complained of pain. The injured worker also complained of impaired ability to perform activities of daily living. The California MTUS Guidelines do not recommend the H-wave as an isolated intervention. It may be considered as a noninvasive conservative option for diabetic neuropathy, or chronic soft tissue inflammation, if used as an adjunct to a program of evidence based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation (TENS) unit. The guidelines also note in a recent retrospective study suggesting effectiveness of the H-wave device, the patient selection criteria included a physician documented diagnosis of chronic soft tissue injury or neuropathic pain in an upper or lower extremity of the spine that was unresponsive to conventional therapy, including physical therapy, medication, and TENS. The clinical documentation submitted does not address the injured worker had failed conservative therapy. There is a lack of objective findings indicating the injured worker to have numbness or muscle weakness that would suggest neuropathic pain. Additionally, there was a lack of documentation indicating the injured worker had a trial on the TENS unit. The request for authorization was provided and submitted on 11/19/2013. Therefore, the request for the purchase of a home H-wave device is not medically necessary.